## LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2000

Lobbyist's Registertion Number

FOR OFFICE USE ONLY Rostmark Date: 12 2 9

## Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 840f United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.

If No, who pays you?\_\_\_\_

| <ul> <li>Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.</li> </ul>            |               |
|--|---------------|
| 1. NAME MITCHELL-CORSING PAMELA A  | 1991667       |
| 2. BUSINESSPHONE (235) 344-9309 Area Code and Phone Number   |               |
| 3. BUSINESS ADDRESS HOA Eugope St Barow Page to Street und No. City State  | 7074 /<br>Zip |
| MAILING ADDRESS SAME VAS CAUCE City State  | Zip -         |
| 4. EMPLOYER LOLLISIANA PRUSS ASSOCIATION   |               |
| 5. EMPLOYER'S ADDRESS 404 EUROPE ST Balon Region A To  | 76781         |
| 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address organization you represent; (c) the type of business each is engaged in or the purpose or function of (d) whether or not the client or someone clse pays you to lobby. |               |
| 1. Name <u>L. P. A.</u>  |               |
| Address HOM ELEROPE ST BORDON REASO, LA  |               |
| Business of purpose <u>NE USS DADER TRADE</u> ASSOCIA  | 1 (1) 37 1    |
| Does this person pay you?  | on Name       |

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Lobbyist's Registrating Number

| 2. | Name                      |
|----|---------------------------|
|    | Address                   |
|    | Business or purpose       |
|    | Does this person pay you? |
|    | If No, who pays you?      |
| 3. | Name                      |
|    | Address                   |
|    | Business or purpose       |
|    | Does this person pay you? |
|    | If No, who pays you?      |
| 4. | Name                      |
|    | Address                   |
|    | Business or purpose       |
|    | Does this person pay you? |
|    | If No, who pays you?      |

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lubbyist J

